

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bello, Natalie, Ann, ,

Mailing Address 250 W 50th St
Apt 26D

City
New York

State
NY

Zip Code
10019-6726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2016

Transaction ID : 8674E9EE78228F226C0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bhatt, Ami, B., , FACC

Mailing Address 19 Goodnough Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts General Hospital

Occupation (for Individual)

ADULT CONGENITAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2016

Transaction ID : A992E4BE76D3468DFBA

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Bhatt, Deepak, L., , MPH, FACC

Mailing Address 1682 Commonwealth Ave

City

Newton

State

MA

Zip Code

02465-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and Women's Hospital, Heart &

Occupation (for Individual)

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2016

Transaction ID : 572F011B-C45C-4E1F-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00